

Part 1: Local Educatio	nal Agency Information
Name of Local Educational Agency	Name of LEA Executive Director (Public Charter Schools Only)
KIPP DC Public Charter School	Susan Schaeffler
Full Address of Local Educational Agency	Email Address of LEA Executive Director (Public Charter Schools Only)
1003 K Street NW, Suite 700	susan.schaeffler@kippdc.org
Main Telephone Number of Local Educational Agency	Telephone Number of LEA Executive Director (Public Charter Schools Only)
202-223-4505	202-223-4505
Name of Primary LEA Contact for Consolidated Application Programs	Name of Additional LEA Contact for Consolidated Application Programs
Ashley Piche	Jane Hoffman
Position Title of Primary LEA Contact for Consolidated Application Programs	Position Title of Additional LEA Contact for Consolidated Application Programs
Director of Accountability and Federal Programs	Director of Finance
Email Address of Primary LEA Contact for Consolidated Application Programs	Email Address of Additional LEA Contact for Consolidated Application Programs
Ashley, Piche@kippdc.org	Jane_Hoffman@kippdc_org
Telephone Number of Primary LEA Contact for Consolidated Application Programs	Telephone Number of Additional LEA Contact for Consolidated Application Programs
202-383-4039	202-223-4505
Part 2: Programs for Which t	he LEA is Applying for Funding
Please note that allocations are subject to change according to the applicable fe	
Please indicate, by checking the applicable box below, the schedule that the LEA including the "Tydings" period) for submitting reimbursement requests for all grifederal funds. From among these options, the LEA has the flexibility to choose a	rants included in this application in order to maintain regular drawdowns of schedule that best meets its needs.
Monthly (12 workbooks per year)  Bi-Monthly (6 wo	rkbooks per year)  Quarterly (4 workbooks per year)  X
Part 4: LEA Certific	cation of Application
By signing below, the Applicant certifies that all of the information contained in Additionally, the Applicant certifies that it has read and agrees to all additional	this application is true and accurate to the best of its knowledge. assurances and certifications included in Phase II of the application.
Name of Individual Certifying Phase II Application (Board Chairperson or Chancellor only) Terry Golden	Signature of Individual Certifying Phase II Application
Terry Golden	Level Soldwar
Title of Individual Certifying Phase II Application (Board Chairperson or Chancellor only)	Date of Certification (Input at the time of signature)
Chairperson of the Board of Directors	
SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AN	ID A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV.
OSSE (	Use Only
Date Phase II Application First Received:	



Date Title I LEA Plan First Received:

Part 1: Local Educational Agency Information	
Name of Local Educational Agency	Name of LEA Executive Director (Public Charter Schools Only)
KIPP DC Public Charter School	Susan Schaeffler
Full Address of Local Educational Agency	Email Address of LEA Executive Director (Public Charter Schools Only)
1003 K Street NW, Suite 700, Washington DC 20001	susan.schaeffler@kippdc.org
Main Telephone Number of Local Educational Agency	Telephone Number of LEA Executive Director (Public Charter Schools Only)
202-223-4505	202-223-4505
Name of Primary LEA Contact for Title   LEA Plan	Name of Additional LEA Contact for Title I LEA Plan
Ashley Piche	irene Holtzman
Position Title of Primary LEA Contact for Title I LEA Plan	Position Title of Additional LEA Contact for Title I LEA Plan
Director of Accountability and Federal Programs	Policy Director and Senior Advisor
Email Address of Primary LEA Contact for Title I LEA Plan	Email Address of Additional LEA Contact for Title I LEA Plan
ashley.piche@kippdc.org	irene.holtzman@kippdc.org
Telephone Number of Primary LEA Contact for Title I LEA Plan	Telephone Number of Additional LEA Contact for Title I LEA Plan
202-383-4039	202-223-4 <mark>505</mark>
Part 2	2: LEA Certification
I certify that all of the information contained in this application is true	and accurate to the best of my knowledge.
Additionally, I certify that the LEA agrees to all assurances included in t	the application.
I have been authorized to file this application on behalf of the agency r	named above.
Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)	Signature of Individual Cortifying Title I LEA Plan
Terry Golden	Avry Goldenso
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)	Date of Certification (input at the time of signature)
Chairperson of the Board of Directors	
Market Market State (1987)	
SUBMIT <u>BOTH</u> A MICROSOFT EXCEL VERSION OF THIS FULL WORKBO	DOK <u>AND</u> A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO <u>CON.APP@DC.GOV</u> .
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